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CONFIRMATION NO. 1651

<b>SERIAL NUMBER</b> 09/897,666	<b>FILING OR 371(c) DATE</b> 07/02/2001 <b>RULE</b>	<b>CLASS</b> 380	<b>GROUP ART UNIT</b> 2133	<b>ATTORNEY DOCKET NO.</b> 35997-215203
<b>APPLICANTS</b> Timothy Ober, Atkinson, NH; Peter Reed, Beverly, MA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/154,133 09/16/1998 PAT 6,307,936 and claims benefit of 60/059,082 09/16/1997 and claims benefit of 60/059,839 09/16/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/26/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 1
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 26694				
<b>TITLE</b> CRYPTOGRAPHIC KEY MANAGEMENT SCHEME				
<b>FILING FEE RECEIVED</b> 655	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	